



Maine EMS Interfacility Transfer Decision Tree

First, ask the following questions.

1. What level of care is the patient being provided now?
2. Is there reasonable likelihood of deterioration in the patient's clinical condition during transport?
3. What specific treatments does the patient require in transit?

Second, match the care the patient needs to the appropriate level of EMS provider.

BLS- Basic life support transport that includes basic patient assessment, VS monitoring, and oxygen administration. A BLS provider may transport a patient with a saline lock in place provided the patient is stable.

ALS by EMT-Intermediate- BLS therapies as above plus IV maintenance of non-medicated fluids, including infusion pumps if trained/approved by the service to use them. EMT-Is may perform limited ECG monitoring and administer selected medications in an emergency only after contact with OLMC (on-line medical control).

Paramedic- BLS and ALS therapies as needed and outlined in the Maine EMS Prehospital Treatment Protocols dated July 2005, which can be found at <http://www.maine.gov/dps/ems/docs/2005%20Protocols.pdf>. Procedures the paramedic may perform include ECG monitoring, oxygen administration, intravenous access, medication administration, and advanced airway management. Specific medications that a paramedic may administer or transport include: dopamine, fentanyl, Lidocaine, magnesium, Midazolam, Lorazepam, and several others. Paramedics in Maine are not required to maintain ACLS or PALS certifications, although many choose to do so.

2006 PIFT Paramedic- All of the paramedic level therapies plus the following: use of infusion pumps, management of urinary drainage

devices and continuous bladder irrigation (CBI), transport of transvenous pacemakers, management and transport of chest tubes to water seal or Heimlich valve, central line management, and management and transport of NG/OG tubes that are either clamped or to suction. In addition, a PIFT paramedic may transport the following categories of medications:

- Anticoagulants
- Anticonvulsants
- Antidiabetics
- Antidysrhythmics
- Antihypertensives (including ACE inhibitors, Calcium Channel Blockers, Diuretics, Alpha Blockers and Beta Blockers)
- Anti-infectives
- Antipsychotics
- Cardiac Glycosides
- Corticosteroids
- Drotrecogin
- Gastrointestinal Agents (including H2 Blockers, PPI's, antiemetics, and Somatostatin or its analogues)
- IV Fluids, Electrolytes (including Dextran, Albumin, and Hetastarch)
- Narcotics (including all routes except epidural)
- Parenteral Nutrition and Vitamins
- Platelet Aggregation Inhibitors (including IIb/IIIa Inhibitors)
- Respiratory Medications (Beta Agonists, Anticholinergics, Mucolytics and Steroids)
- Sedatives (Benzodiazepines, Barbiturates)
- Vasoactive Agents (Antihypertensives, Pressors, & sympathomimetics)
- Over the Counter (OTC) medications the patient has been receiving as part of their plan of care

Finally, the PIFT paramedic may administer the patients regularly scheduled medications by oral routes if they fit in one of the categories above.

What other considerations are needed in planning an Interfacility transfer?

PIFT transfers are predicated on the theory that a single, PIFT trained paramedic is in attendance of a stable patient. If the patient is considered unstable by either the sending facility or the PIFT

paramedic, additional resources will be needed (personnel, therapies, etc.) for the transport to occur.

Items that Can Be Prepared Before EMS Arrives to Help Facilitate the Interfacility Transfer

- ❖ Copies of chart and diagnostic exams/films
- ❖ EMTALA forms
- ❖ Copies of VS showing trends
- ❖ Needed medications for transfer
- ❖ Patient's personal items packed and ready to go

EMS needs a copy of these items:

- ❖ EMTALA form
- ❖ Demographics
- ❖ Medication Administration Records (MARs) for the current day if applicable
- ❖ Transfer orders
- ❖ Blue papers

Tips When Requesting EMS Transport

- ❖ Know something about the patient's history. EMS needs to assess stability in order to provide you with the appropriate resources and clearly communicating ongoing therapies to the EMS dispatcher or provider will help ensure that the appropriate resources are provided in a timely fashion for the transfer.
- ❖ Make sure you know what medications the patient will or may need to receive during transport and their dosages
- ❖ Know what if any devices the patient has in place
- ❖ Early communication can allow planning and preparation by EMS so there are less delays at the bedside
- ❖ Remember that transferring requiring higher levels of care (i.e. PIFT paramedics) may require the EMS agency to reconfigure their crews or call in additional staff before they can accept the transfer

Items that May Not Be Transported By Maine EMS Providers without Additional Staff (RN, RT, etc)

- ❖ **Ventilators**
- ❖ **Blood Products**
- ❖ **Anesthetic agents (i.e. propofol)**
- ❖ **Medication classes not listed on the MEMS formulary or PIFT list**
- ❖ **Other specialty devices not approved for the PIFT program by Maine EMS and the MDPB**

Prepared 01/12/07 by Scott Smith, RN, NREMT-P, I/C